NO2 000000 303

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Filips Officer
Special Instructions to Filing Officer:

Office Use Only



400350369184

UN/24/20 BIU27 BR2 #65.75

TILED
STONAY OF BURY

COVER LETTER

Division of Corporations 2000000303 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ate Avenue E-mail ddress: (to be used for turbe annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ♣ \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

FAITH CATHEO	RAL	r . 1110RS	HIP	centr	- Inc
Name of Corporation as currently filed with the Flo	orida Dept. (Of State)	030	3	
(Document	Number of C	Corporation (if I	known)		
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this	s Florida Not F	or Profit C	orporation adopt	s the following
A. If amending name, enter the new name of the co	rporation:				
					The new
name must he distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" e	or "incorporate	ed" or the a	hbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable:		·			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>) 				
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO)	<u></u>				
	,				
 If amending the registered agent and/or registered new registered agent and/or the new registered or 			a, enter the	name of the	
Name of New Registered Agent:					
Name of New Registered Agent.	_ 			-	
New Registered Office Address:		(I	Floridu street i	address)	
				. Florida	
	(Ci			Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agen	<u>t:</u>		700	·
I hereby accept the appointment as registered agent. I	і ат затинаг	<i>w</i> ип ана ассер	и те овида	nons of the positi	011.
	Signatur	re of New Regis	stered Agen.	t, if changing U	<u> </u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) X Change Add	<u>P</u> .	Donald A Johnson	1 2620 Westgate Aue West Palm Beach, Frage
Remove 2) X Change Add	<u>S</u>		K5076 Society Place W WPB FL 33415 Unite
Remove 3) Remove			
4) Change Add			
Remove			
51 Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additional A: ets, if necessary)	rticles, enter change(s) here: . (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	···
			-
			

		<u> </u>	
			
		<u> </u>	
		<u></u> -	
The date of each considered to the			ie a d
The date of each amendment(s) adoption: _ date this document was signed.			_, if other than the
	8/2012-0		
Effective date if applicable:	8/20/2020 more than 90 days after amendment file	- J	
(no	more ınan yu aays ajter amenament file	e aate)	
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department of	it meet the applicable statutory filing re if State's records.	quirements, this date will not	be listed as the
Adoption of Amendment(s) (C	HECK ONE)		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

 There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.
Dated 82/2020
Signature Don Bull
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Donald Juhnson (Typed or printed name of person signing)
(Typen or printed mane or period magning)
President
(Title of person signing)